



OCCUPANCY PERMIT APPLICATION

- Instructions:** 1. All questions must be answered or designated not applicable (N/A) as appropriate.
 2. Applicants are required to declare under penalty of perjury that the statements made herein are true.

PLEASE TYPE OR PRINT CLEARLY IN INK

Business Name: _____
 Business Street Address: _____ Suite: _____ Milpitas, CA 95035
 Mailing Address: _____
 Business Phone: _____ Fax: _____ Cell: _____
 Applicant Name: _____
 Email Address: _____ Date Business Starts or Started: _____

1. Please check your business type:

<input type="checkbox"/> Office General	<input type="checkbox"/> Warehouse/Storage	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Retail Store	<input type="checkbox"/> Child Care
<input type="checkbox"/> Medical or Dental	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Religious Assembly	<input type="checkbox"/> School or Training	<input type="checkbox"/> Beauty Salon
<input type="checkbox"/> Other (please briefly describe): _____				

2. Is your business same as the previous business? Yes No
 If No, please briefly describe the previous business) _____

3. How many square feet is your space? _____

4. Is your business new to Milpitas? Yes No
 If yes, are you relocating from another city? Yes No If yes, which city are you relocating from? _____

5. Are you relocating within Milpitas? Yes No

6. Are hazardous materials to be used or stored in conjunction with your business? Yes No
 If yes, please describe: _____
 If you are unsure or wish additional information, please contact the Fire Prevention Bureau at 408-586-3365

7. Will you be making any improvements to the space, installing shelving over 5'-9" high or installing equipment? Yes No
 If yes, please describe: _____

PLEASE NOTE: No building, structure, or building service equipment regulated by the Milpitas Municipal Code and the technical codes shall be erected, constructed, enlarged, altered, repaired, moved, improved, removed, converted or demolished unless a separate, appropriate permit for each building, structure or building service equipment has first been obtained from the Chief Building Official.

8. Are you required to have permits or clearances from any of the following agencies to operate your business at this location? If you are unsure or wish additional information, please contact the agency at the number listed below).

County Hazardous Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	408-586-3365
San Jose/Santa Clara Water Pollution Control	<input type="checkbox"/> Yes <input type="checkbox"/> No	408-793-5300
County Department of Environmental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No	408-918-3400

If yes is checked to any of the above, a Certificate of Occupancy cannot be issued until the appropriate clearances have been submitted to the Building and Safety Department.

9. What is the SIC Code for your business (see list attached): _____

The following wastewater discharge will occur at the above business address:

DOMESTIC SANITARY SEWAGE ONLY (Sanitary sewage is wastewater from toilets and hand-washing sinks).

Estimated domestic waste discharge to sanitary sewer is _____ gallons per day.

COMMERCIAL/INDUSTRIAL WASTE (Commercial wastewater is any discharge other than domestic sewage).

Estimated commercial/Industrial waste discharge to sanitary sewer is _____ gallons per day.

PERMIT FEE:

New business or existing business with new ownership:

FIRE DEPARTMENT INSPECTION	\$207.00
BUILDING & SAFETY INSPECTION	\$344.00
COMMUNITY PLANNING FEE	\$17.20
<u>AUTOMATION FEE</u>	<u>\$13.78</u>
TOTAL FEE	\$581.98

The information contained herein is familiar to me and to the best of my knowledge, accurate and complete. I further certify that the wastewater discharged to the sanitary sewer system from this business will be as represented by the above disclosure. I also understand the obligation to notify the San Jose/Santa Clara Water Pollution Control should my wastewater discharge change.

APPLICANT SHALL BE THE OPERATOR OF THE BUSINESS

Applicant Name (Print): _____ Title: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Planning Approval (Print): _____ Land Use Zone: _____

Planning Signature: _____ Date: _____

Conditions of Use: _____

B-OC _____ - _____